

Leeds City Council Farfield Drive

Inspection report

3A Farfield Drive
Farsley, Leeds
LS28 5HN

Tel: 07891279036
Website: www.example.com

Date of inspection visit: To Be Confirmed 3 February 2015
Date of publication: 30/03/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected Farfield Drive on 3 February 2015 and the visit was unannounced. Our last inspection took place in July 2013 and at that time we found the service was meeting the regulations we looked at.

Farfield Drive is a respite service which supports people with learning disabilities in a specially designed building. The service offers an opportunity for people to have short breaks from their family and also gives family carers a

break from their caring responsibilities. The home provides respite care for up to five people at a time. At the time of our inspection there were four people using the service.

At the time of this inspection the service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

Not everyone who stayed at the service was able to communicate verbally therefore we observed how staff interacted with people over short periods of time throughout the day to ensure we caused only minimal disruption to their daily life. Three people who were able told us they enjoyed staying at the service and staff were friendly and supportive.

People we spoke with told us they felt safe at the home. One person said, "I feel very safe here, I like coming, I don't want to go anywhere else." People received their medication correctly and in a timely manner.

There were enough skilled and experienced staff. The staff had access to a range of training courses relevant to their roles and responsibilities and they were supported to carry out their roles effectively through a planned programme of training and supervision.

Procedures in relation to recruitment of staff were followed and all required information was obtained to help the employer make safe recruitment decisions.

People's care plans and risk assessments were person centred and the staff we spoke with were able to tell us

how individuals preferred their care and support to be delivered. Care plans and risk assessments were reviewed on a regular basis to make sure they provided accurate and up to date information and were fit for purpose.

People were provided with a choice of healthy food and drinks ensuring their nutritional needs were met. We observed the meal time and people told us they enjoyed the food. One person said, "The food here is good. I can choose what I want to eat."

Staff received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards and were able to demonstrate a good understanding of when Best Interest Decisions needed to be made to safeguard people.

People were encouraged to participate in a range of appropriate social, educational and leisure activities both within the service and the wider community and staff actively encouraged them to maintain and develop their daily living skills.

There was an effective quality assurance monitoring system in place which quickly identified any shortfalls in the service and there were systems in place for staff to learn from any accident, incidents or complaints received.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

Medicines were stored and administered safely. The systems for monitoring medication ensured medication was given as prescribed.

There were enough staff to keep people safe and meet people's individual needs.

Good



Is the service effective?

The service was effective.

There was a programme of training for all staff to be able to understand the care and support required for people who used the service.

People were supported at mealtimes to ensure their nutritional needs were met.

All staff we spoke with had a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected.

Good



Is the service caring?

The service was caring.

People told us they were very happy with the care and support they received. Staff we spoke with had a good understanding of people's care and support.

We saw people's privacy and dignity was respected by staff and staff were able to give examples of how they achieved this.

Good



Is the service responsive?

The service was responsive.

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service and relatives.

People had used the service before. Each time their care plans had been updated before they came in and when there were any changes in their care and support these had been addressed.

People were able to be involved in activities in accordance with their needs and preferences.

The service had systems in place to deal with complaints, which included providing people with information about the complaints process.

Good



Is the service well-led?

The service was well led.

Staff spoke positively about the registered manager and said they were happy working at the service.

Good



Summary of findings

The provider had systems in place to monitor the quality of the service.

Regular meetings were held so people had opportunities to share their views.

Farfield Drive

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 3 February 2015 and was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection, we reviewed the information we held about the service. This included any statutory notifications that had been sent to us and we contacted Healthwatch Leeds. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with three support staff, the support team leader and the assistant service manager. The registered manager was not at the service on the day of our inspection. We spoke with three people who used the service. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at four people's care and support records, including the plans of their care. We also looked at the systems used to manage people's medication, including the storage and records kept. We looked at the quality assurance systems to check if they were robust and identified areas for improvement.

We spent some time observing care in the lounge and dining room/kitchen areas to help us understand the experience of people who used the service. We looked at other areas of the service including some people's bedrooms and communal bathroom and toilet.

Is the service safe?

Our findings

Records showed there was a good skill mix within the staff team and there was always experienced and skilled staff on duty throughout the day and night to ensure less experienced staff received the supervision and support they required to carry out their roles safely. People who were able told us they felt safe living at the service and the staff helped them to lead a full and active life. One person said, "I love going out and they always listen to me if I ask to go somewhere."

People identified at being at risk when going out in the community had up to date risk assessments and we saw that if required, they were supported by staff when they went out.

The provider had a policy in place for safeguarding people from abuse. This policy provided guidance for staff on how to detect different types of abuse and how to report abuse. There was also a whistle blowing policy in place for staff to report matters of concern. One staff member said, "If I suspected anything I would report it immediately." Staff were also aware they could contact the local authority safeguarding unit to raise safeguarding concerns if it was required. These safety measures meant the likelihood of abuse occurring or going unnoticed were reduced.

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included ensuring a Disclosure and Barring Service (DBS) check and at least two written references were obtained before staff started work. We spoke with two staff who told us the recruitment process was thorough and they had not been allowed to start work before all the relevant checks had been completed.

We looked at the provider's medicines policy. The policy demonstrated the provider had taken steps to ensure that they complied with current legislation and best practice in the administration of medicines. Staff who administered medication had received training.

We checked the medication cupboard. We saw it was kept in an orderly manner and administered safely. We saw there were systems in place for monitoring medication to ensure these were given as prescribed and followed by staff. These systems helped minimise errors ensuring safe practice. Staff told us the systems were embedded in practice and ensured if an error had occurred it was identified very quickly.

When 'as and when required' (PRN) medication had been prescribed we saw staff had recorded whether the medication had been given or not. Also the dosage which had been administered had been recorded. This showed us people received PRN medication correctly and in a timely manner.

We looked at four people's care and support plans. Care and support plans detailed people's needs, priorities, goals, lifestyle, what was important to them and how care and support will be managed. Each plan we looked at had an assessment of care needs and plan of care. The assessments we looked at were clear and outlined what people could do on their own and when they needed assistance. This helped ensure people were supported appropriately as part of their daily lifestyle to support their independence as much as possible.

Risk management to protect individual people and maintain a safe environment was a key feature of care planning. Risk assessments had been completed to ensure safety within the home such as kitchen access and the ability to prepare hot drinks. Community based risk assessments were also in place for such things as road safety and the participation in social and leisure activities. This showed people were encouraged to maintain their independence.

Is the service effective?

Our findings

Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. Staff demonstrated understanding about the Mental Capacity Act and Deprivation of Liberty Safeguards. They were able to give examples of instances when Best Interest Decisions had been made with the involvement of relevant professionals. Care plans evidenced information regarding people's capacity to make decisions. This ensured that people were protected against the risk of excessive and unlawful control or restraint.

We asked staff what they did to make sure people were in agreement with any care and treatment they provided on a day to day basis. The staff told us they always asked people's consent before providing any care or treatment and continued to talk to people while delivering care so people understood what was happening. Throughout the visit we saw staff treated people with respect by addressing them by their preferred name and always asked people their preferences and consent when they offered support. This demonstrated to us that before people received any care or treatment they were asked for their consent and staff acted in accordance with their wishes.

We saw that people had the ability to influence the food served at the service. For example, people were involved in menu planning and wherever possible went with their support worker to the local shop or supermarket to purchase food. We saw that each person had a food record sheet which recorded all food eaten. We found that people's dietary needs were being met and staff encouraged people to eat a varied and balanced diet.

We observed tea time in the home and saw people who required support with eating their meal were assisted by staff in a discreet and unhurried manner. We observed staff were patient with people.

The assistant service manager told us all staff completed a comprehensive induction programme which took into account recognised standards within the care sector and was relevant to their workplace and their roles. We were also told following induction training new members of staff always shadowed a more experienced member of staff until they felt confident and competent to carry out their roles effectively and unsupervised. This was confirmed by the staff we spoke with.

We looked at a sample of staff training records and found that staff had access to a programme of training. Mandatory training was provided on a number of topics such as safeguarding vulnerable adults, manual handling, first aid and fire safety.

The assistant service manager told us individual staff training and personal development needs were identified during their formal one to one supervision meetings which were held on a two monthly basis. Supervision meetings are important as they support staff to carry out their roles effectively, plan for their future professional and personal development and give them the opportunity to discuss areas of concern. The provider also carried out formal yearly appraisals for all the staff. This was confirmed by a member of staff we spoke with who had worked at the service over a year. This meant people could be assured that staff had the competencies and skills to meet their needs.

Is the service caring?

Our findings

We used a number of different methods to help us understand the experiences of people who used the service, including talking to people and observing the support being given. People who used the service told us they were happy receiving respite care and they were well looked after. One person told us, "It's alright living here" and "It feels like it is my own home." Another person told us, "I am happy here, I like it." Staff were described as, "Great."

The service had a very friendly and welcoming atmosphere. People appeared happy and well cared for and they were complimentary of the care received. We observed a good rapport between staff and people who used the service. People were smiling and there was a cheerful banter between people as they chatted with one another and staff.

We looked in people's bedrooms with their permission and saw they had been personalised with photographs and ornaments. We spoke with two staff about people's preferences and needs. Staff were able to tell us about the

people they were caring for, any recent incidents involving them and what they liked and disliked. This showed care staff knew what was important to the people they cared for and helped them take account of this information when delivering their care.

We observed staff supporting people throughout the inspection and they were respectful and treated people in a friendly way. We saw people being offered choice with regard to where and how they wanted to spend their time. For example, some people wanted to watch television others helped/watched a meal being prepared. Some people had been to their day centre earlier that day. The staff we spoke with were able to explain how they maintained people's dignity, privacy and independence. They told us about the importance of knocking on doors before entering people's bedrooms and making sure curtains were closed when supporting people with personal care. This demonstrated staff had a clear knowledge of the importance of dignity and respect when supporting people and people were provided with the opportunity to make decisions about their daily life

Is the service responsive?

Our findings

The staff we spoke with told us the daily routines of the service were flexible and based around people's individual needs. Care plans recorded what each person could do independently and identified areas where the person required support. When people moved into the service detailed assessments took place which ensured people's independence was maintained.

The staff we spoke with demonstrated a good knowledge of people's needs and how individuals preferred their care and support to be delivered.

The people who used the service told us there were a range of social activities. One person told us, "I go out regularly with staff." We saw people went on holiday to the seaside. One person said, "I just suggested it and off we went." The service had a mini bus they used to take people out on activities and outings

We looked at the complaints policy which was available to people who lived at the service and staff. The policy detailed how a complaint would be investigated and responded to. We spoke with a member of staff who was able to tell us how they would support people to make a complaint. However, as no complaints had been received from people who lived at the service since the last inspection we were not able to check the effectiveness of the policy.

The people we were able to communicate with told us they had no complaints about the service but knew who they should complain to. We saw the complaints procedure was on display within the home.

We looked at care and support plans for four people who used the service. People's needs were assessed and care and support was planned and delivered in line with their individual needs. People who used the service had their own detailed and descriptive plan of care. The care plans were written in an individual way, to communicate, nutritional needs, likes, dislikes, what activities they liked to do what was important to them.

The staff we spoke with told us the care plans were easy to use and they contained relevant and sufficient information to know what support needs were for each person and how to meet them. Staff demonstrated a good understanding of people's care and support needs.

Each person's records included a daily record of care given. The record showed personal care; activities participated in, independent living tasks such as cleaning their room, observed mood and behaviour, appointments with other health care providers and incidents. The record was signed by all staff participating in that persons care.

We saw that care plans were regularly reviewed by staff which included near relatives or advocates and appropriate healthcare professionals. This showed us the provider had taken appropriate steps to involve all relevant people in the care planning process.

We observed staff gave time for people to make decisions and respond to questions. The support leader told us residents meetings were held and gave people the opportunity to contribute to the running of the service. We saw minutes of meetings these showed involvement of people who used the service.

Is the service well-led?

Our findings

At the time of this inspection the service had a registered manager who had been registered with the Care Quality Commission since 2011. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

Records showed decisions about people's care and treatment were made by the appropriate staff at the appropriate level. There was a clear staffing structure in place with clear lines of communication and accountability within the staff team. The staff we met were well trained and competent to make care decisions. They said they knew when and how to report any issues or concerns and they were confident management would provide any necessary advice or support if required.

We saw evidence of a rolling programme of meaningful audit to ensure a reflective and quality approach to care. Audits carried out by the manager included medicines, care plans and the internal environment and fabric of the building. The outcomes of these audits were translated into action to ensure problems were addressed speedily. For instance, we saw that any maintenance issues within the service were identified quickly and recorded in the maintenance register for action by a suitable contractor.

We saw a senior member of the organisations management team met with all the managers within the organisation on a monthly basis to discuss matters of common interest. This included learning points from incidents, training needs and performance. This ensured that the provider had a strategy for maintaining quality and conformance across all services.

Staff meetings were held on a three monthly basis which gave opportunities for staff to contribute to the running of the service. We saw the meeting minutes for December 2014. Staff we spoke with told us the registered manager had an open door policy therefore staff or people who used the service and their relatives were able to contact them at any time.

The provider sent out yearly quality monitoring questionnaires to people who used the service and their relatives. They told us any actions from the feedback would be included in an action plan to ensure they were addressed.

Any accidents and incidents were monitored by the organisation to ensure any triggers or trends were identified. We saw that any safeguarding was dealt with appropriately and the policies and procedures followed. There had been no whistle blowing concerns raised within the last year, although staff were aware of the procedures should they need to use them.